

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/03/03.

## I. DISPUTE

Whether there should be additional reimbursement for dates of service 10/07/02 through 11/08/02. The Carrier denied reimbursement as “H – Reimbursement is based upon half of the fee amount pending decision of audit or review. N-A peer review obtained by the carrier indicates that the documented services do not meet minimum fee guideline and/or the rules contained within the applicable AMA CPT/HCPCS Coding Guidelines.

## II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/07/02 6 hours	97545-WH-AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
	97546-WH-AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	
10/08/02 6 hours	97545-WH-AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
	97546-WH-AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	
10/09/02 6 hours	97545-WH-AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
	97546-WH-AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	
10/10/02 6 hours	97545-WH-AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
	97546-WH-AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	
10/11/02 6 hours	97545-WH-AP	\$128.00	\$0.00	N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor	The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$384.00.
	97546-WH-AP	\$256.00	\$0.00	N	\$64.00 per hr.	Same as above	

10/21/02 8 hours	97545-WH-AP  97546-WH-AP	\$128.00  \$384.00	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
10/22/02 6 hours according to attendance record.	97545-WH-AP  97546-WH-AP	\$128.00  \$384.00 per Requestor's Table. Should have been \$256.00 according to documentation.	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Documentation submitted by the Requestor indicates the injured worker to be in attendance for 6 hours but billed for 8. Reimbursement is recommended for 6 hours in the amount of \$128.00.
10/23/02 4 hours	97545-WH-AP  97546-WH-AP	\$128.00  \$128.00	\$64.00  \$64.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$128.00.
10/24/02 6 hours	97545-WH-AP  97546-WH-AP	\$128.00  \$256.00	\$64.00  \$128.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$192.00.

10/25/02 6 hours according to attendance record.	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Documentation submitted by the Requestor indicates the injured worker to be in attendance for 6 hours but billed for 8. Reimbursement is recommended for 6 hours in the amount of \$128.00.
	97546- WH- AP	\$384.00 per Requestor's Table. Should have been \$256.00 according to documentation.	\$192.00	H, N	\$64.00 per hr.		
10/28/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.		
10/29/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.		
10/30/02 8 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
	97546- WH- AP	\$384.00	\$192.00	H, N	\$64.00 per hr.		
10/31/02 4 hours	97545- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$128.00.
	97546- WH- AP	\$128.00	\$64.00	H, N	\$64.00 per hr.		

11/01/02 8 hours	97545- WH- AP  97546- WH- AP	\$128.00  \$384.00	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/04/02 8 hours	97545- WH- AP  97546- WH- AP	\$128.00  \$384.00	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/05/02 8 hours	97545- WH- AP  97546- WH- AP	\$128.00  \$384.00	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/06/02 8 hours	97545- WH- AP  97546- WH- AP	\$128.00  \$384.00	\$64.00  \$192.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$256.00.
11/07/02 4 hours	97545- WH- AP  97546- WH- AP	\$128.00  \$128.00	\$64.00  \$64.00	H, N  H, N	\$64.00 per hr.  \$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302  Same as above	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$128.00.

11/08/02 6 hours	97545-WH-AP	\$128.00	\$64.00	H, N	\$64.00 per hr.	1996 MFG GR (II)(C) and (E); CPT Code Descriptor; Rule 133.302	In a letter to the Carrier dated 2/14/03, requesting reconsideration of payment, the Requestor states they did not receive notification within the 45 days requesting an on-site audit in accordance with TWCC Rule 133.302. The Requestor submitted relevant medical documentation that supports the delivery of service as billed which meets the criteria of the Medical Fee Guideline and CPT code descriptor. Reimbursement is recommended in the amount of \$192.00.
	97546-WH-AP	\$256.00	\$128.00	H, N	\$64.00 per hr.	Same as above	
<b>Totals</b>		\$8,576.00	\$3,328.00				The Requestor <b>is</b> entitled to reimbursement in the amount of \$4,992.00 (\$8,576.00 billed - \$3,328.00 Carrier reimbursement = \$5,248.00 - \$256.00 overcharge = \$4,992.00).

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor **is** or is not entitled to reimbursement for CPT codes 97545-WH-AP and 97546-WH-AP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,992.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 16<sup>th</sup> day of April 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

PD/pd